

STATE OF HAWAII)
:SS
COUNTY OF MAUI)

APPROVED/DENIED FOR INVESTIGATION

COMPLAINT REGISTRATION

Have you filed a complaint with Internal Affairs? Yes _____ No _____

Have you contacted an attorney regarding this complaint? Yes _____ No _____

If yes, please provide name of attorney _____

COMPLAINANT _____ AGE _____

ADDRESS _____ PHONE _____

EMPLOYER _____ OCCUPATION _____

ADDRESS _____ PHONE _____

DATE OF BIRTH _____ SEX _____

NAMED _____ RANK _____

NAMED _____ RANK _____

NAMED _____ RANK _____

Summarize your complaint here (if necessary, add letter): _____

WHERE OCCURRED _____

DATE & TIME OCCURRED _____

ARRESTED? _____ POLICE REPORT NO. _____ OFFENSE _____

CITATION NO. _____ VIOLATION _____

DOCTOR _____ HOSPITAL _____

INJURIES _____

Subscribed and sworn to before me this

_____ day of _____, 20____

Notary Public, Second Judicial Circuit

State of Hawaii

My commission expires: _____

Notarized Signature of Complainant

For Official Use Only

File No. MPC _____

Received by _____

Date/Time Received _____

Investigator Assigned _____